

IPRS

Integrated Payment and Reporting System

Standard Companion Guide Transaction Information

**Instructions related to Health Care Claim
Payment/Advice (835) based on ASC X12
Implementation Guides, version 0050100X221A1**

Companion Guide Version Number: 1.0

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Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Communications/Connectivity Instructions) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 IG (Transaction Instructions). Either the Communications/Connectivity component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Communications/Connectivity component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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Transaction Instruction (TI)

1 TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2 Included ASC X12 Implementation Guides

This table lists the X12N Implementation Guides for which specific transaction Instructions apply and which are included in Section 3 of this document.

Unique ID	Name
005010X221	Health Care Claim Payment/ Advice (835)
005010X221A1	Health Care Claim Payment/ Advice (835)

3 Instruction Tables

These tables contain one or more rows for each segment for which a supplemental instruction is needed.

Legend
SHADED rows represent "segments" in the X12N implementation guide.
NON-SHADED rows represent "data elements" in the X12N implementation guide.

005010X221 Health Care Claim Payment/Advice

Loop ID	Reference	Name	Codes	Notes/Comments
Header	ISA	Interchange Control Header		The ISA is a fixed-length record with fixed-length elements.
	ISA03	Interchange Control Security Information Qualifier	00	NC MMIS+ will set the value of "00" – No Security Information Present.
	ISA05	Interchange ID (Sender) Qualifier	ZZ	NC MMIS+ will set the value of "ZZ" – Mutually Defined.
	ISA06	Interchange Sender ID	NCXIX	NC MMIS+ will set the value of "NCXIX" to represent North Carolina Title XIX.
	ISA07	Interchange ID (Receiver) ID	ZZ	NC MMIS+ will set the value of "ZZ" – Mutually Defined.
	ISA08	Interchange Receiver ID		NC MMIS+ will use the mailbox/submitter ID of Trading Partner.
Header	GS	Functional Group Header		
	GS02	Application Sender's Code	NCXIX	NC MMIS+ will set the value of "NCXIX" to represent North Carolina Title XIX.
	GS03	Application Receiver's Code		NC MMIS+ will use the mailbox/submitter ID of Trading Partner.
Header	ST	Transaction Set Header		
	ST03	Implementation Conversion Reference	005010X221A1	Refer to section 1.2 of Implementation Guide.
Header	BPR	Financial Information		

	BPR05	Payment Format Code	CCP	NC MMIS+ will set this value to "CCP" – Cash Concentration/Disbursement.
	BPR06	Depository Financial Institution (DFI) Identification Number Qualifier	01	NC MMIS+ will set this value to "01" when BPR04 has value of "ACH."
	BPR07	Sender DFI Identifier		NC MMIS+ will set this value to "053100494."
	BPR09	Sender Bank Account Number		NC MMIS+ will set this value to "8730010202."
	BPR10	Payer Identifier		NC MMIS+ will set this value to "1752548221."
	BPR12	Depository Financial Institution (DFI) Identification Number Qualifier	01	NC MMIS+ will set this value of "01" – ABA Transit Routing Number, when payment is made via EFT.
	BPR14	Account Number Qualifier	DA	NC MMIS+ will set this value to "DA" - Demand Deposit.
	BPR15	Receiver or Provider Account Number		NC MMIS+ will populate with the provider bank account number as on file.
Header	TRN	Re-association Trace Number		
	TRN03	Payer Identifier		NC MMIS+ will set this value to 1752548221.
Header	CUR	Foreign Currency Information		
	CUR01	Entity Identifier Code		NC MMIS+ will not send this segment. All payments are made in U.S. dollars.
Header	REF	Received Identification		
	REF01	Reference Identification Qualifier		NC MMIS+ will set this value to 'EV' – Receiver Identification Number.
	REF02	Receiver Identifier		This field is equivalent to trading partner identification (ID).
Header	DTM	Production Date		
	DTM01	Date Time Qualifier		NC MMIS+ will set this value to '405' – Production.

	DTM02	Production Date		NC MMIS+ will set this value to check write cycle cut-off date as published at www.ncdhhs.gov/dma .
1000A		Payer Identification		
	N102	Payer Name		NC MMIS+ will set this value to "HPES/NC DMH/DD/SA."
	N301	Payer Address Line		NC MMIS+ will set this value to PO Box 300020.
	N401	Payer City Nam		NC MMIS+ will set this value to Raleigh.
	N402	Payer State Code		NC MMIS+ will set this value to NC.
	N403	Payer Postal Zone or Zip Code		NC MMIS+ will set this value to 27622.
	PER	Payer Technical Contact Information		
	PER03	Communication Number Qualifier	TE	NC MMIS+ will set this value to "TE" and will report the Electronic Commerce Services number in the following element.
	PER04	Communication Number		NC MMIS+ will set this value as 1-800-688-6696.
1000B		Payee Identification		
	N102	Payee Name		This field is equivalent to the name of the provider being paid.
	N103	Identification Code Qualifier	FI XX	NC MMIS+ will set this value to 'FI' – Federal Taxpayer's ID Number, or "XX" – NPI
	N104	Payee Identification Code		This field is equivalent to the Federal Tax ID , or NPI for the Provider being paid.
	N3	Payee Address		
	N301	Payee Address Line		NC MMIS+ will not send this segment.
	N4	Payee City, State, Zip Code		
	N401	Payee City Name		NC MMIS+ will not send this segment.
	REF	Payee Additional Information		
	REF01	Reference Identification Qualifier	PQ TJ	NC MMIS+ will set this value to 'PQ' – Payee Identification, or "TJ" Federal Taxpayers Identification Number.
	REF02	Additional Payee Identifier		This field is equivalent to MMIS+ Provider ID number of the provider being paid when the provider is an atypical provider.

				The Federal Taxpayer ID number is sent when N104 is an NPI.
2000		Header Number		
	TS301	Reference Identification		NC MMIS+ will use the submitted billing provider ID or NPI (whoever billed the claim).
	TS302	Facility Code		NC MMIS+ will set this value to "12" – Facility Code.
	TS303	Date		NC MMIS+ will use the Fiscal Period Date expressed as CCYYMMDD.
2100		Claim Payment Information		
	CLP07	Payer Claim Control Number		This field is equivalent to Internal Control Number (ICN) of the claim.
	DTM01	Date Time Qualifier	1D	NC MMIS+ will use the expired coverage selected during claim adjudication.
	NM1	Patient Name		
	NM108	Identification Code Qualifier		NC MMIS+ will set this value to 'MI' – IPRS Recipient ID Number.
	NM109	Patient Identifier		NC MMIS+ will use the Submitted Client ID number.
	NM1	Corrected Patient/Insured Name		
	NM101	Entity Identifier Code	74	NC MMIS+ will set this value of "74" – Insured or Subscriber and use this segment to report the patient name on record if it differs from the name submitted on the claim.
	NM102	Insured Name	1	NC MMIS+ will set this value to "1" – Person.
	NM103	Name Last or Organization Name		Last Name, on record for patient.
	NM104	Name First		First Name, on record for patient.
	NM105	Name Middle		Middle Name, on record for patient.
	NM1	Service Provider Name		
	NM101	Entity Identifier Code		NC MMIS+ will set this value to '82' – Rendering Provider.
	NM108	Identification Code Qualifier		NC MMIS+ will set this value to 'SL' - IPRS Provider NPI, unless atypical.
	NM109	Rendering Provider Identifier		This field is equivalent to Rendering Provider NPI, unless

				atypical.
	REF	Other Claim Related Identification		
	REF01	Reference Identification Qualifier		NC MMIS+ will set this value to 'EA' - Medical Record Identification Number.
	REF02	Other Claim Related Identifier		This field is equivalent to the Medical Record Number that the provider submitted on the claim.
2110		Service Payment Information		
	REF01	Reference Identification Qualifier	1J	NC MMIS+ will set value of "1J" on IPRS claims. NC MMIS+ will report this information if different from Billing Pay-to provider.
	REF02	Provider Identifier		NC MMIS+ will report this information if different from Billing Pay-to provider.

4 TI Additional Information

4.1 Schedule Maintenance

Systems maintenance is performed on an as needed basis and announced in advance.

4.2 Frequently Asked Questions

No FAQ at this time.

4.3 Other Resources

- Washington Publishing Company (WPC) at www.wpc-edi.com
- ASC X12 at www.x12.org
- North Carolina Division of Medical Assistance (DMA) at www.ncdhhs.gov/DMA
- NC MMIS+ Electronic Commerce Services (ECS) 1-800-688-6696. Menu option 4, then menu option 2 for ECS.

5 TI Change Summary

Date	Change	Responsible Party
09/01/2011	Original Document	ECS Department